

P95000032017



**NEWMAN &
ASSOCIATES, P.A.**

REGISTERED PROFESSIONAL ACCOUNTANTS

327 North Orange Avenue
Orlando, Florida 32801-1692

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

FILED
STATE
SECRET OF CORPORATION
DIVISION
APR 20 9:31 AM

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

4-25
[Handwritten Signature]

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 20 AM 9:37

ARTICLES OF INCORPORATION
OF
OFFICE RELIEF SYSTEMS, INC.

Article I - Name

The name of this corporation is OFFICE RELIEF SYSTEMS, INC.

Article II - Purpose

This corporation is organized for the purpose of transacting any or all lawful business.

Article III - Capital Stock

This corporation is authorized to issue 1000 shares of no par value common stock.

Article IV - Initial Registered Office and Agent

The initial mailing address, principal office and registered office of this corporation is 285 Eagle Knob Point, Lake Mary, Florida, 32746, and the name of the initial registered agent of this corporation at that address is Barbara Larsen.

Article V - Initial Board of Directors

This corporation shall have three directors initially. The number of directors may be either increased or diminished from time to time by the bylaws but shall never be less than one. The names and addresses of the initial directors of this corporation are:

Barbara Larsen
285 Eagle Knob Point
Lake Mary, FL 32746

Richard Wagner
4190 S. Tropical Trail
Merritt Island, FL 32952

Bryan Buffalo
212 Brom Bones Lane
Longwood, FL 32779

Article VI - Incorporator

The name and address of the person signing these Articles of Incorporation is:

BARBARA LARSEN
285 Eagle Knob Point
Lake Mary, FL 32746

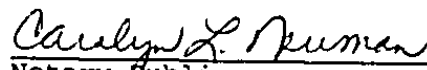
IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 17th day of April, 1995.


BARBARA LARSEN

STATE OF Florida
COUNTY OF Orange

BEFORE ME, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared BARBARA LARSEN, known to me and known by me to be the person who executed the foregoing Articles of Incorporation, and he acknowledged before me that he executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid this 17th day of April, 1995.


Notary Public
My Commission Expires:
MY COMMISSION EXPIRES JULY 31, 1995
FOUNDED WITH HUCKLEBERRY & ASSOCIATES

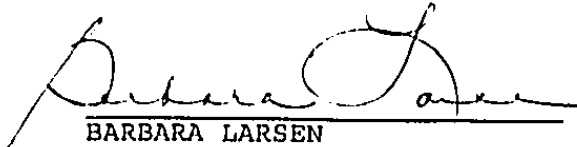
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 20 AM 9:37

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE
SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT
UPON WHOM PROCESS MAY BE SERVED

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted in compliance with said Act:
First--That OFFICE RELIEF SYSTEMS, INC. desiring to organize under the laws of the State of Florida with its principal office, as located at 285 Eagle Knob Point, Lake Mary, Florida, County of Seminole, State of Florida, has named BARBARA LARSEN, located at 285 Eagle Knob Point, Lake Mary, Florida, 32746, as its agent to accept service of process within this State.

Having been named to accept service of process for the above-stated corporation, at place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.


BARBARA LARSEN

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000032017**

1. Corporation Name
OFFICE RELIEF SYSTEMS, INC.

FILED
96 OCT 28 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**306 EAGLE KNOS POINT
LAKE MARY FL 32746**

Mailing Address
**306 EAGLE KNOS POINT
LAKE MARY FL 32746**



REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable
800 N. MAGNOLIA
Suite, Apt. #, etc.
#309
City & State
ORLANDO, FL
Zip
32803
Country
USA

3. New Mailing Office Address, if Applicable
800 N. MAGNOLIA
Suite, Apt. #, etc.
#309
City & State
ORLANDO, FL
Zip
32803
Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida
04/20/1995

5. FEI Number
59-3308307

Applied For
Not Applicable

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	LARSEN, BARBARA	306 EAGLE KNOS POINT	LAKE MARY FL 32746
D	WAGNER, RICHARD	4190 S. TROPICAL TRAIL	MERRITT ISLAND FL 32952
D	BUFFALO, BRYAN	212 BROW BONES LANE	LONGWOOD FL 32770
			900001993879--5 -11/01/96--01023--019 ****375.00 ****375.00

8. Name and Address of Current Registered Agent

LARSEN, BARBARA
306 EAGLE KNOS POINT
LAKE MARY FL 32746

9. Name and Address of New Registered Agent

Name
BARBARA LARSEN
Street Address (P.O. Box Number is Not Acceptable)
800 N. MAGNOLIA
Suite, Apt. #, Etc.
#309
City
ORLANDO
State
FL
Zip Code
32803

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent
[Signature]
REGISTERED AGENT MUST SIGN

Date
9/24/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: **[Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

107
9/24/96
873-4869
Date Daytime Phone #